

Group therapy at the National Training School for Boys brings out into the open the warfare delinquents wage against adult society and the fears and hungers underlying it.

Group Therapy Behind Locked Doors

By SEYMOUR RUBENFELD, Ph.D., ROBERT SHELLLOW, Ph.D., and JACK L. WARD, M.D.

TO GIVE the reader some idea of the functions of the psychiatric unit in a juvenile institution, as well as some feeling for the types of problems faced in working with these youngsters, we shall attempt to describe the unit in the National Training School for Boys. The training school is for delinquent boys under the age of 18 who have been committed to the custody of the United States Attorney General. The school is operated in the District of Columbia under the auspices of the Federal Bureau of Prisons. We three, a psychiatrist and two clinical psychologists, form the psychiatric unit.

The authors are the three members of the psychiatric unit which they describe. Drs. Rubinfeld and Shellow, the two psychologists on the staff of the National Training School for Boys, Washington, D. C., received their graduate degrees from Pennsylvania State University and the University of Michigan, respectively. Dr. Rubinfeld interned at Warren State Hospital and Hollidaysburg State Hospital in Pennsylvania. Most of Dr. Shellow's earlier experience was with Veterans Administration hospitals at Ann Arbor, Dearborn, and Fort Custer, Mich. The third member, Dr. Ward, spent his internship and residency years at Delaware Hospital, Wilmington, and St. Elizabeths Hospital, Washington, D. C., before he was appointed acting chief of the NTS Psychiatric Service on April 1, 1955.

First of all, it is important to know what kinds of boys get into trouble and are sentenced to an institution of this type. Roughly, the boys with whom we deal fall into four categories.

Probably the most prevalent type is the boy we might call the predatory delinquent. His socioeconomic background is, more often than not, one of deprivation. His own family is usually large and disorganized. He may have experienced several foster home placements. The parental figures he has known may have bombarded him with the deepest kinds of rejection, ranging from exploitive overprotectiveness through cold indifference and neglect to sadistic hostility. He emerges from this trial of childhood with his ability to accept his dependence on others severely crippled. Estranged from adults, he sees them as persecutors. He throws himself against both adults and the social values and mores to which they conform. Adrift in the streets, he imbeds himself in the society of other adolescent outcasts. Here, he finds firm and uncompromising articles of conduct, the rules of the delinquent gang that sanction and codify ways of vengeance and means of exploitation.

Falling into a second group are boys who get into trouble for neurotic reasons. Many come from the middle class and often from upper middle-class socioeconomic backgrounds. Their families are frequently intact and may even be relatively well knit. These boys have

to some extent incorporated the moral standards of the rest of society but feel themselves driven to violate their own consciences. The reasons, of course, are many and complex, ranging from self-defeating tendencies within the boy to conscious and unconscious rebellion against parental expectations. When seen at this institution, these boys are usually worried. They are somewhat more approachable than the predatory delinquent and seem to bring with them vestiges of identification with and acceptance of adults. Many of these boys show more conventional symptoms of deviant behavior: bedwetting, fingernail biting, periodic depressions, and general anxiety.

The third type of boy is known in psychiatric parlance as "an inadequate personality." The familiar term "fall guy" expresses the way this boy behaves interpersonally. Sometimes unintelligent but not always so, sometimes, but not inevitably, of a rural background, he lacks initiative and makes his way by giving in. More than anything else, he wants to be cared for, and in order to win acceptance from his peers, he follows their lead. Often, when he is no longer useful, he is deserted. He is left to "take the rap."

Boys in our fourth category are not seen so often as the others, but they form a distinctive group. They are the psychotics. On occasion, a boy may enter the institution with no clear history of such disorder, and, after some time, he begins to show symptoms of graver forms of mental illness.

Methods of Treatment

Much of the psychologists' time, and some of the psychiatrist's, is spent in identifying these boys as they come into the institution. All boys are seen by the psychologist during the initial 30-day period of orientation prior to their entrance into the institutional program. Each boy's position on a number of different dimensions of ability is determined for the purpose of finding the most suitable rehabilitation program at the school. This is accomplished by obtaining test measures of the boy's intellectual and manual dexterity capacities. Boys are tested in groups. If at any time there is suspicion that the group test was not a valid

estimate of the boy's intellectual potential, he is scheduled for an individual reevaluation. Often boys do not take the group tests seriously enough to concentrate successfully on the task. Some boys who have never been tested before become anxious, and this anxiety interferes with their performance.

In addition to employing these measures of ability, the psychologist sees groups of newly admitted boys in an attempt to screen out those who will find it difficult to adjust to institutional life, those who will be the troublemakers, the leaders, and those who evidence signs of serious emotional disorders. The boys, in groups of 5 to 8, are given the House-Tree-Person Test, a simple projective drawing device. A seemingly innocuous test, the H-T-P taps each boy's unique method of approaching the world. Emotional needs and how he meets these needs are projected onto a blank piece of paper. Following this, the psychologist conducts a group interview. He tries to evoke expressions of personal attitudes and opinions from each group member. Usually, the boys talk about their anticipations and their fears concerning the institution, and they often brag about their exploits. Heated and frank exchanges often result. The group interview is taken as a work sample of how each boy will react when placed in the larger group of his cottage.

On the basis of this group interview and the projective test data, certain boys are referred to the psychiatrist for interview and for more intensive psychiatric study. If the psychiatrist has more questions about a boy's method of adjustment, he may arrange for him to be given more comprehensive projective testing. The group interview serves also as a means for picking out boys who look like good prospects for either individual or group therapy. If it appears that a boy might benefit from a close or intensive relationship with an adult, we consider him for individual therapy. In addition to these cross referrals within our own unit, boys are referred to us by the professional staff sitting as a review committee and by the correctional officers, the superintendent, the assistant superintendent, and others on the staff who spot boys who are having particular trouble in getting along.

We serve as consultants to the people who

have to deal with these boys 24 hours a day. We attempt to supplement their understanding of the boys and offer suggestions for the handling of specific behavior problems. Occasionally, certain incidents occur which demand unusual consideration. For example, a boy may evidence a frank psychotic break, and it is necessary to transfer him to a psychiatric hospital.

Recently, we have been placing a small number of disturbed boys on mood-ameliorating drugs such as Thorazine and Meratran. These boys usually show obvious anxiety or some degree of depression as an aspect of their general poor adjustment in the institution.

Our major treatment effort is invested in group psychotherapy. Many acting-out adolescents are not amenable to individual psychotherapy. These boys immediately react in an uncritical and uncontrolled fashion to inner promptings. This basic one-to-one relationship is too threatening for them. Firmly embedded in their personality is overwhelming distrust of the adult and fear of losing their fragile identity. They seem to function better in a group. Many of them find support, strength, and comfort in a gang formation. The adolescent urge to conform can, in the group setting, be utilized by the therapist in working toward the therapeutic goal of self-examination and self-evaluation.

By using the group treatment process, we now see 45 boys in 5 groups, each consisting of 5 to 10 members. We try to keep about 8 boys in each group, finding that this number allows for the development of opposing factions within the group itself. Smaller groups do not appear to be so successful because they tend to be more clannish. For example, 4 boys may form their little clique in a group of 5 and completely drown out the lone dissenting voice. Larger groups are unwieldy and difficult to control.

Getting a New Group Under Way

In selecting candidates for group therapy, we again employ the technique of the group interview. We call together anywhere from 8 to 10 boys, evoke response, encourage interchange of ideas, and observe the role that each adopts toward us and toward the other boys. In the course of the discussion, we explain our pur-

pose, outline the aims and the nature of group therapy, and leave to the individual boy the choice of joining.

We avoid taking into therapy boys who make absolutely no effort to contact adults. We have found that they are not interested in group therapy, and, if they do enter a group, they get little out of it and soon leave it. We also avoid bringing in boys who have a compulsive need to act out their slightest whim or fear. We have had trying experiences in which these extremists continually disrupt groups and bring therapy to a stop.

But we have no objection to acting-out if it is checkable. It is one of our basic stocks in trade. Almost all our boys display this characteristic to some degree, and we work with it. All we require is that a boy, in addition, have some capacity to think and to speak in the face of his own anxiety or frustration and that he be ready to admit that he has questions about himself.

Boys come to the groups voluntarily. If they are interested in joining after the group interview, we take them in on the condition that they will remain at least 1 month or for 8 sessions. If at any time they decide to leave, if they feel that they are not getting anything out of it, we usually ask them to continue for 2 or 3 sessions after they have requested termination.

What are the boys who come into group therapy like? First and foremost, they have an arsenal of suspicions concerning adults and in particular the therapist, who becomes the momentary focus for those concealed and sometimes overtly expressed attitudes. Each boy has his fallen god or goddess. The boys remember the disappointing experiences they have had with adults. They remember the inconsistency of treatment and the inability of adults to control them. The result is that they bring to any relationship with an adult a tremendous amount of hostility—a hatred and a vengefulness which are clouded and confused by strong needs for direction, guidance, and love.

One way in which this hostility is expressed can be seen in a boy's comments in his first group therapy session: "Why did you choose me? Why not leave me alone—I'm not crazy."

Later, this suspiciousness may show up as:

"Why do you do this, Doc? What's in it for you? You must be a spy—it all gets back to the superintendent." Or: "You're just experimenting with us . . . nobody really gives a — about us. You bucking for Captain?"

It has been our experience that these attitudes are present in all boys but become expressed in various forms by different members of the group.

Use of Group Dynamics

From the preceding description it may appear that there is an incessant war of boys against therapist. As a matter of fact, when one faction of the group becomes intoxicated with the power of their anti-"Doc" attitudes, others in the group will begin to defend authority and attempt to stem the tide of violence. At this point a polarity is set up within the group: Struggle for power or a civil war develops along the lines of a personal duel or of gang warfare.

The polarity emerges because of the deep hungers for an infantile protective relationship with the therapist and because of the resentments stirred in the more aggressive boys when the therapist does not offer this relationship. The group splits into factions because some boys can't afford to see the therapist attacked. The boy who is driven to defend the therapist when he sees the attack launched is afraid that the therapist will attack him. Despite this apparent alliance with the "Doc," the boy's reaction is still based on the fact that he has identical, though not quite so obvious, feelings against the therapist's authority.

The therapist, with his relative understanding of the situation, is generally not incapacitated by anger with those attacking him or taken in by those defending him. Attempting to recognize both of the antithetical reactions for what they really are, he bases his comments and interventions on the insight derived from his own natural responses. He stands his ground and attempts to lead from strength. As therapist, all his interventions are directed toward clarifying to the entire group the issue of their basic struggles with dependence.

The group dynamics described in the preceding paragraphs are probably best seen in the

actual transactions and interactions of a group therapy session.

A Group Therapy Session

John has stolen 17 cars, was in 2 previous institutions, and makes his way by gambling, "conning," and setting up "strong arm" cliques to get what he wants. At the moment he has the center of the stage. He tells about a movie the boys saw on television in which a man paroled from prison can't make a go of it in society. Nobody will give the ex-convict a job; his friends avoid him; and jobless, friendless, discriminated against, he gets drunk one night and gets returned to the prison as a parole violator.

As John gets more and more worked up about the injustice of it all, George and Sam go from quietly ignoring the group in their card game to sparring and light body punching. Peter and Ritchie are quietly listening and watching the therapist's reaction.

The therapist notes John's involvement and says, "Well, John, you seem to feel that was a pretty dirty deal."

For the first time, John centers a challenging gaze on the therapist. "You're — right this was a dirty deal. Nobody ever gives a guy who has done time a chance."

"How come?" the therapist asks.

"They're all down on a guy like that, they hate his guts. They don't let you alone when you're on parole. You're just sitting on your porch, and the cops keep coming around your house every night, and they're always frisking you . . . they're always needling you."

George turns aside from his sparring and throws out, "And they're all like that, whether they're inside the prison or outside."

The therapist says in an offhand way, "You seem to feel that people are down on you."

At this point, John bursts out, "You said it, Daddy-o," and goes on to tell how a cottage officer "threw" him into a segregation unit for what John considered to be an unjust reason. George and Sam join in. They break off their sparring and recount similar "mistreatment."

The therapist turns to the boxers. "George . . . Sam, you seem to be getting hot under the collar about this too."

John snaps to them, "Aw, don't listen to him (the therapist). He doesn't really give a — either."

The whole group is stunned by this statement. George and Sam snicker uneasily. The therapist tries to get John to amplify his feeling, but before he can get more direct expression of hostility, the group slides deftly away and begins talking about custodial officers in general. The session ends with general griping about the institution.

The next session starts with John mischievously asking the therapist for a cigarette. When the therapist questions John about his relentless nagging for the cigarette, John blows up. "All the time you're asking why, why . . . we never get anything out of you." John suddenly sees himself as the anti-"Doc" hero, and it is obvious that he is enjoying the situation. He and George and Sam begin to giggle. John calls the Doc a "squealer" and accuses him of spying and making reports on everybody in group therapy. "You're yellow, Doc. You don't have any guts at all. You wouldn't last twenty minutes in prison."

Meanwhile, the therapist has observed Ritchie and Pete, among others in the group, no longer looking scared. On the contrary, Ritchie seems to show signs of "righteous indignation" at John's last statement. Ritchie says under his breath, "Aw, —."

The therapist notes Ritchie's reaction and says, "Group, what do you think of what we are hearing?"

Ritchie says derisively, "Don't listen to him, Doc, he's way off."

John turns on Ritchie with vengeance. "Who asked you, Punk? You're always eating somebody. What do you know about anything? You're just a clock (newcomer). You haven't met your six-piece yet (6 months' reclassification at which a boy can request a change in program)."

By this time, the lines of the battle are clearly drawn. Pete sides with Ritchie, and George with John. Others lean forward attentively. Ritchie counterattacks against John. "You're just taking it out on the Doc because you were stupid enough to get thrown in the jug. You always do this. Whenever you foul yourself up, you always blame it on somebody else."

At this point Ritchie and Pete begin to cite instances of John's asking for trouble, getting into it, and blaming others.

John retaliates by describing situations in which Ritchie has gotten away with things by "eating" (apple polishing) the officer and implies that Ritchie is trying to do that now with the therapist. The therapist says, as quietly as possible, "I guess someone wants to kick me, and someone else wants to suck me in, but it's pretty hard to tell who wants to do what."

The group goes suddenly quiet, and there is embarrassed laughter on both sides. John nervously tries to maintain his lead and at the same time turn the therapist aside. "Aw, Doc, we were only kidding, we were just trying to get your goat."

The therapist asks, "I wonder why?"

At last, John hits on a way to retreat without loss of face. "Here we go again: What, Why, When, Where. If the Doc was running 'You Asked for It' on TV, he would read the letters and then look out at the audience and say, 'Why should I?'" This amuses the group. Tension is broken, and the group as a whole runs from the dangerous challenge given by the therapist into humorous accounts of instances in which the question "Why?" would be ridiculous. The session ends with the therapist remarking, "I guess you'll be comfortable enough eventually to talk about yourselves."

Clues to Delinquent Behavior

The conflict between members and therapist, and among members, comes up again and again in different contexts. Sometimes the therapist is successful in focusing on the feelings and disappointments the boys have experienced with their parents and other significant people in their past life. When this happens, he attempts to relate their feelings to the feelings they are experiencing toward authority in general and toward the therapist in particular.

Movement in and out of such crises is characteristic of our groups. The group is like a self-sealing innertube: Occasionally a boy or the therapist succeeds momentarily in puncturing the resistance of the group, and powerful feelings explode before the wall of denial fuses again. Through repetition of this kind of

crisis, there is a gradual sharpening of a boy's image of himself and a lessening of his hate. As he grows more comfortable with himself, he finds it less frightening to stand alone, and the need to blame and hate others for his own inadequacies abates. He is able to stand apart equally from attacks on, and defenses of, the therapist by the less advanced members of the group, and he can criticize both sides. He begins to talk openly about the personal consequences of his own experiences, and he begins to lay realistic plans for his future.

Group therapy not only provides a workable vehicle for effecting change in these adolescents

but also supplies many clues to the nature of the developmental processes producing delinquency. The reader may have observed that most of the diagnostic and therapeutic tools which we employ are not at all new. The interviews, diagnostic tests, and the therapeutic relationships are much the same as those used in the conventional psychiatric setting. We are entirely content with these techniques because, as yet, our knowledge of the delinquent is far from complete. The evaluation of our skills must wait upon the direction of resources toward a systematic observation of the rebellious adolescent.

PHS Films

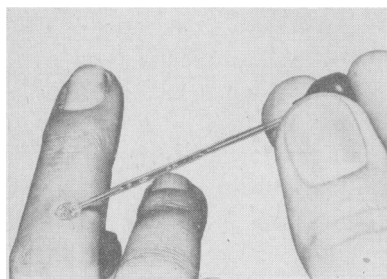
Flocculation Test for Trichinosis

35 mm. filmstrip, color, sound, 11 minutes, 85 frames, 1956.

Audience: Laboratory directors and experienced laboratory technicians.

Availability: Loan—Communicable Disease Center, Public Health Service, 50 7th Street NE., Atlanta 5, Ga. Purchase—United World Films, Inc., 1445 Park Avenue, New York 29, N. Y.

The use of the modified bentonite flocculation test is the subject of this highly technical procedural film-



strip. It is a simple, rapid, and specific test for the laboratory diagnosis of trichinosis.

The film depicts the materials

used and the complete procedures for the test, including reconstitution of the bentonite, preparation of the antigen, standardization of the reagents, and typical appearance of the flocculated particles.

Poultry Hygiene Series:

Plant Layout and Construction Operating Procedures

35 mm. filmstrips, color, sound, 10 minutes each, 73 and 83 frames, respectively, 1956.

Audience: State sanitarians, public health administrators, and plant operators.

Availability: Loan—Communicable Disease Center, Public Health Service, 50 7th Street NE., Atlanta 5, Ga. Purchase—United World Films, Inc., 1445 Park Avenue, New York 29, N. Y.

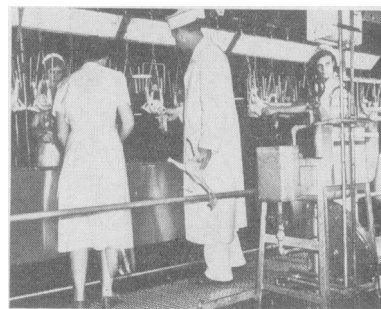
These two films show the application of the 1955 United States Public Health Service Ordinance



and Code to (1) the construction and layout of a medium-sized plant and (2) operating procedures.

The first film is illustrated by a blueprint of a plant showing five main divisions: (a) receiving and holding room, (b) dressing room, (c) eviscerating room, (d) packaging room, and (e) refrigerating room. Typical operations and construction details pertinent to sanitation in each division are shown.

The second film illustrates the operational procedures in a typical



plant by a series of photographs of (a) poultry arriving from the farm, (b) ante-mortem inspection, and (c) step-by-step details of the cycle of processing poultry. Sanitary aspects are stressed in each operation: killing, defeathering, eviscerating, packaging, and storing or delivering to the consumer. The necessity for personal hygiene among the workers is emphasized.